PART B~FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

 $\begin{array}{c} \text{washington office} \\ 23373 \end{array}$

CUSTOMER NUMBER

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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APPLICATION N	IO. FILIN	FILING DATE FIR		ST NAMED INVENTOR		DOCKET NO.	CONFIRMATION NO.			
10/561,186	12/10	6/2005	Michel BOUKC	BZA	Q92	031	17	17		
TITLE OF INVENTION: CONTAINER MADE FROM THERMOPLASTIC MATERIAL WITH A DOMED BASE										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICAT FEE	ION PREV.	PAID ISSUE FEE	TOTAL FEE	(S) DA	TE DUE		
nonprovisional	NO	\$1440.00	\$300.00		\$0.00	\$1,740.00	\$1,740.00 07/21/2008			
	ART UNI	T CLAS	SS-SUBCLASS							
	3781									
1. Change of correspon	dence address or ind	cation of "Fee Address"	'(37 CFR 1.363	2. For printing	on the patent front	page list 1	Sughrue Mio	n, PLLC		
☐ Change of correspor PTO/SB/122) attached		nange of Correspondence	e Address form		of up to 3 regisents OR, alternative			isd		
"Fee Address" indie	cation (or "Fee Addi	ress" Indication form P f a Customer Number is	TO/SB/47; Rev	B/47; Rev (2) the name of a single firm (having as a member a registered attorney or agent) and the 3						
03-02 of more recent)	ATTACHED. Use o	i a Customer ivamoer is	required.	names of up to 2 registered patent attorneys or						
				agents. If no i	name is listed, no i	name will be				
		DATA TO BE PRINTE								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
SIDEL	Octeville-Sur-Mer,	rrance								
Please check the appro	priate assignee categ	ory or categories (will n								
4a. The following fee(s	s) are submitted:		4b. Payme	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☑ Issue Fee				☐ A check is enclosed.						
☑ Publication Fee (No		t permitted)	•	Payment by credit card. Form 1310-2038 is attached.						
☐ Advance Order - # o	of Copies		overpayme	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).						
☐ The USPTO is directed and authorized to charge all required fees to Deposit Account. 19-4880. Please also credit any overpayments to said Deposit Account.							Account No.			
5. Change in Entity Sta	. ,		·							
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.										
		if required) will not be the United States Paten			he applicant; a regi	stered attorney or a	agent; or the ass	ignee or other		
Authorized Signature		Mur Bola	nd	Date		July 16, 2	2008			
Typed or Printed Name	e I	Mark Boland		Registration N	o. 97/17/2008	JADDÚ232, 13940	_	10561186		
M PC IPPOY OF CO	00(07)	f 1 00 /2 *	2010		AI FORTES	1449.00 300.00				
Modified PTOL-85 (R	ev. U8/U7) Approved	for use through 08/31/2	:U1U.		02 FC:1584	255,55	. 2n			

PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.		FILING DATE FIRE		ST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/561,186		12/16/2005		l	Michel BOUKOBZA		Q92031		1717		
TITLE OF INVENTION: CONTAINER MADE FROM THERMOPLASTIC MATERIAL WITH A DOMED BASE											
APPLN. TYPE		SMALL ISSUE FE		E FEE	PUBLICATI FEE	ON PREV.	PAID ISSUE FEE	TOTAL FEE DUE	(S) DATE DUE		
nonprovisional	ì	10	\$144	10.00	\$300.00		\$0.00	\$1,740.00 07/21/2008			
	EXAMINER			ART UNI	T CLA	SS-SUBCLASS		•			
	Weaver			3781							
1 Change of correspon	dence ad	dress or ind	ication of "Fe	ee Address"	(37 CFR 1.363	2. For printing	on the patent front p	page list 1	Sughrue Mion, PLLC		
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached										
□ "Fee Address" indi	cation (o	"Fee Add	ress" Indicat	ion form PT	O/SB/47; Rev	; Rev (2) the name of a single firm (having as a member a registered attorney or agent) and the 3					
03-02 or more recent) ATTACHED. Use of a Customer Number is required.						names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be					
					D ON THE DATE	printed.					
3. ASSIGNEE NAME	AND RE	ESIDENCE	DATA TO	BE PRINTE	DON THE PAT	EN 1 (print or ty	ype) : If an accionee is id	entified below th	ne document has been filed for		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIC				ITY and STA	ATE OR COUN	IRY)					
SIDEL	Octeville	-Sur-Mer,	France								
Please check the appro	priate ass	signee categ	ory or categ	ories (will no	ot be printed on	the patent): 🛘 Ir	ndividual 🗹 Corporat	tion or other priva	nte group entity Government		
4a. The following fee(s) are submitted:				4b. Payme	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☑ Issue Fee					☐ A check is enclosed.						
☑ Publication Fee (No small entity discount permitted)					☐ Paymer	☐ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # of Copies					☑ The Dir overpayme	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).					
M The U						The USPTO is directed and authorized to charge all required fees to Deposit Account No. 9-4880. Please also credit any overpayments to said Deposit Account.					
5. Change in Entity St	atus (fror	n status ind	icated above)				_			
a. Applicant claims	SMALL	ENTITY s	tatus. See 37	CFR 1.27.					See 37 CFR 1.27(g)(2).		
The Director of the US	SPTO is r	equested to	apply the Iss	ue Fee and I	Publication Fee (if any) or to re-a	pply any previously	paid issue fee to t	he application identified above.		
NOTE: The Issue Fee party in interest as sho	and Publ own by th	ication Fee e records of	(if required) f the United	will not be States Patent	accepted from and and Trademark	nyone other than Office.	the applicant; a regi	istered attorney or	r agent; or the assignee or other		
Authorized Signature		_	Muc	Bola	nd	Date -		July 16,	2008		
Typed or Printed Nan	ne		Mark Bolan	d		Registration l	No.	32,197			